

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

33354

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township KAW Primary Registration District No. 1002
City Kansas City (No. Menorah Hospital)

File No. _____
Registered No. 4302
St. _____ Ward _____

2. FULL NAME

Charles H. Hill
(a) Residence, No. 311 Brush Creek Boulevard Ward. _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Lucy Hill		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1861		
7. AGE 72	YEARS 1	MONTHS 28
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Cattle Dealer		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
11. Total time (years) spent in this occupation		

12. BIRTHPLACE (CITY OR TOWN) **La Fayette County**
(STATE OR COUNTRY) **Missouri**

13. NAME **Robert Alexander Hill**

14. BIRTHPLACE (CITY OR TOWN) **Kentucky**
(STATE OR COUNTRY)

15. MAIDEN NAME **Susan Hammer**

16. BIRTHPLACE (CITY OR TOWN) **Virginia**
(STATE OR COUNTRY)

17. INFORMANT **Mrs. Lucy S. Hill**
(ADDRESS) **311 Brush Creek Blvd.**

18. BURIAL, CREMATION, OR REMOVAL **Indipendence, Mo**
PLACE **Woodlawn Cemetery** DATE **Nov. 3, 1933**

19. UNDERTAKER **James McQuire**
(ADDRESS) **3235 Williams Plaza**

20. FILED **11-3, 1933** **M. M. Crowe**
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 31, 1933**

22. HEREBY CERTIFY, That I attended deceased from **Jan. 1933** to **Oct 31, 1933**
I last saw him alive on **Oct 31, 1933**. Death is said to have occurred on the date stated above, at **P. m. 9:15**
The principal cause of death and related causes of importance were as follows:

arterio-sclerosis
Chronic myocarditis
930
97
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) **Abraham Sopher**, M. D.
(Address) **1805 Bryant**

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they are building

Q. 3.